

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/6/22/117

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3	/		/				
4	2		/				
5	2		/				
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17	3		/				
18	1		/				
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TOTAL IND.			2				
TOTAL DEP.			31				
TOTAL CLAIMS			33				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							